Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCED	JRES NOTICE FIL	.ING				
AGENCY NAME MISSISSIPPI STATE BOARD OF MASSAGE THERAPY		CONTACT PERSON YVONNE LAIRD		TELEPHONE NUMBER 601-732-6038; 601-732- 1803		
ADDRESS POST OFFICE BOX 20; 353 SOUTH FOURTH STREET		CHY MORTON		STATE MS	ZIP 39117	
EMAIL director@msbmt.state.ms.us	SUBMIT DATE January 18, 2012		Name or number of rule(s): Mississippi State Board of Massage Therapy Rules and Regulations			
Short explanation of rule/amend penalty in 2.2.a.11 which is also raccreditation and provide an esta 4.3.A; to revise 4.4.A.4 to update the National Certification Commi 12/31/2012; to change the requi Rule 6.1.H; to correct closing data which were required action base requirements for renewal of contage of the specific legal authority authorizing the properties all rules repealed, amended, or suspense.	eferenced in 2.2.A.: blished time to sho information of the ssion for Acupunctu ements for licenses e of online renewal fon an Attorney Ge inuing education promulgation of rule: 23-6;	10; to provide a timeframe for so we proof of full accreditation from Asian Bodywork Therapy Examinate and Oriental Medicine that Notes for individual who have been ex- for instructors in Rule 9.1.K.1; to general's Opinion and correction of croviders found in Rule 10.2E; 7-15 (1)(a)	hools who may in an accreditat nation which is CCAOM will no opired for more delete section of format errors	y have lost thei tion body as de administered longer offer the than three (3 as of Rule 9.2.1.	ir national escribed in Rule by or on behalf of the ABTE after) years as found in 2. and 9.14.D.4	
ORAL PROCEEDING:						
Presently, an oral proceeding If an oral proceeding if an oral proceeding is not scheduled, an ten (10) or more persons. The written renotice of proposed rule adoption and sho agent or attorney, the name, address, encomment period, written submissions ince	oral proceeding must be quest should be submitte uld include the name, ad ail address, and telephor uding arguments, data, i NT:	e held if a written request for an oral prosed to the agency contact person at the abidress, email address, and telephone nurne number of the party or parties you reand views on the proposed rule/amenda	oove address withinber of the person present. At any tin nent/repeal may b	in twenty (20) days n(s) making the rec ne within the twe ne submitted to the	s after the filing of this quest; and, if you are an nty-five (25) day public e filing agency.	
TEMPORARY RULES	PR	OPOSED ACTION ON RULES	FII	NAL ACTION	ON RULES	
X Am Effective date:		New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference ed date of adoption: 30 days after filing Other (specify):	dsting rule(s) reference doption: refling Adopted by reference Withdrawn Repeal adopted as proposed Effective date:		ges ce proposed	
Printed name and Title of pers Signature of person authorized		ile rules: Vonn	e Laird, Execu	utive Director		
OFFICIAL FILING STAMP		DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		OFFICIAL FILING STAMP		
	SE	JAN 1 8 2012 DISSISSIPFI CRETARY OF STATE				

Accepted for filling by

Accepted for filing by CB 18389 E

Accepted for filing by